Montana WIC Workgroup (WW) Meeting Report

October 24-25, 2017

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Day 1, October 24, 2017

Introduction

The purpose of the workgroup is to guide WIC Program improvements through collaboration between local and state agencies. The meetings were held on Tuesday, October 24, 2017 and Wednesday, October 25, 2017. The following is a report of the meeting activities.

Participants:

Mary Beth Frideres	OurHeadsTogether, LLC	
Kate Girard	DPHHS/WIC Director	
Barbara Skoyen	WIC Director, Fort Belknap	
Sue Hansen	WIC Director, Beaverhead County	
Darcy Hunter	WIC Coordinator, Gallatin County	
Deb Fix	WIC Director, Northern Cheyenne, Crow WIC	
Jeanine Lund	WIC Director, Flathead County, MAWA	
Chris Fogelman	State WIC Nutritionist/Breastfeeding Coordinator	
Kelly Aughney	State WIC Administrative (Day 1)	
Lacy Little	State WIC Nutrition Coordinator	
Kevin Moore	State WIC Vendor Manager (Day 1)	
Gayle Espeseth	WIC Director, RiverStone WIC, MAWA	
Deb Robinson	Acting Director, Deer Lodge County WIC	
Nicky Willey	WIC Coordinator, Northwest CHC (Lincoln County) WIC	
Dawn Baker	CPA, Teton Agency WIC (Day 2)	
Alaine Broadaway	State WIC Epidemiologist (Day 1)	
Kate Devino (o)	Director Missoula WIC	
Pam Mavrolas (o)	Consultant State WIC (Day 1)	o = observer

Kate welcomed the group. Mary Beth reviewed the agenda for Day 1.

MAWA Update

Jeanine and Gayle reported on the MAWA Mission Statement, Vision, and Strategic Directions. Engagement of all WIC staff is an important goal. Advocacy to support WIC will be a major activity and Gayle asked the group for WIC success stories. They will also work to make the group financially stable. The MAWA mission is: "Through collaboration, advocacy, and support, we inspire a unified voice of the Montana WIC Community to assure quality services."

MAWA's Shared Vision:

MAWA will…

- Be a recognized and respected voice in the community;
- Be a functional and viable organization with participation from all local agencies;
- Become a leader in advocacy; and
- Be an innovative forum for information and support addressing current issues.

MAWA Strategic Directions:

Toward Building Engagement
Toward Developing Advocacy Capacity
Toward Becoming Financially Stable

Review of QI

Kate told the group that she wanted to continue the QI Project discussion from last meeting. She handed out a completed (to date) "QI Team Project Charter." Clinic efficiency was identified and selected at the last meeting and an AIM was developed (*We are hoping to decrease the time it takes to complete a certification appointment by 30% for WIC participants by July 1, 2020*.) The group wanted to target one metric – streamline clinic services overall and make it less cumbersome to get through the certification for clients.

Kate said the next step is to "get an idea where we are now – look at data, look at other states." One participant said it depends on where we start – 30% might not be so bad. "Also depends on whether you are doing a first-time cert or size of family," another added.

Kate read through the "WIC Clinic Efficiency" PDSA Template item number 4. "Describe the Current Process." Comments by members of the group included:

- sometimes it takes a long time to scan in documents;
- a lot has to do with "what cert it is";
- income eligibility using SIS is so helpful;
- adding food packages to the card is much quicker now;
- required topics come at the top of the appointment and education comes at the end;
- human factor – where they are in their life and in the process;

Kate read from #6 Identify All Possible Causes." Comments:

- if breastfeeding mom – more time, especially if problems;
- can be slow talkers;
- people that are late –pushes everyone else back;
- staff shortage/understaffed;
- multiple people out sick;
- SPIRIT system;
- remote in RD takes time – sometime does not work well.

Review of Data

Alaine began the data review (see PowerPoint). She posted a slide which reflected a simple certification. However, she said, it is probably much more complicated than that.

When analysis meets reality – Alaine reviewed the caveats prior to reviewing the data presented:

- When the step was recorded is not (necessarily) when the step finished
- Visits can appear to last <1 minute or several days!
- Steps often don't happen in the same order
- Participant might have multiple entries for same visit
- Must decide which time-stamp to count as "real"
- Ignoring family structure within visits (for now)

Slides (See PowerPoint presentation):

- Demographics – participants, agency size, number of WIC staff recording data
- Appointment time by agency (median time – line up from shortest to longest) median was 35.2 minutes, just certs
- Median time per activity (could be how the data is entered into the system)
- Appointment time by agency size (large clinics take more time)
- Time per activity per agency size (large clinics height/weight took longest, smaller clinics nutrition took more time)
- Appointment time by number of WIC staff entering data (time goes up when number of staff goes up) Comment: make sure we are not pushing people to take more time because of the division of labor.
- Appointment time by type of participant (breastfeeding takes longest.

Alaine asked the group how to do the analysis better? Jeanine asked if participant survey questions help with this data? Kate said she does not know as they are "still entering thousands of them." Kate said there is skewing of the data due to how clinics work and how data is entered - some may not be valid. Start to end time seems the most valuable. Gayle suggested that clinics could learn techniques from each other. Kate said eWIC will impact the data.

Clinic Flow Tools

Lacy explained that she reviewed several tools but narrowed them down to two – one developed by state staff and one developed by the Western Region, "WIC Participant-centered Nutrition Education and Services." She told the group that they could be combined. (See Montana WIC QI Observation Tools – below - and WIC Participant-centered Nutrition Education and Services documents).

The state form requires that clinics pick one day/week, follow random staff and fill out a form – some do it for six months – one person who follows staff or, if you have a one-person clinic, that person collects the data:

Montana WIC QI Observation Tools

Clinic Entrance

I. Entering the WIC Clinic:

1. Does the clinic have clear and visible signage? Yes □ No □

2. Do participants report that the clinic is easy to find? Yes □ No □

3. Is the physical entrance to the clinic "welcoming?" Yes □ No □

4. Do the front office staff greet participants when they enter the clinic? Yes □ No □

5. Are the front office staff able to communicate with people who come to the clinic seeking WIC services and do not speak English? If yes, how? If no, why not? Yes □ No □

   Comments: _____

Additional Comments:

II. Waiting Room/Area Appearance:

1. The waiting room/area is family friendly (e.g. safe, clean, comfortable, not too loud)

   Not at all □ Okay □ Very Much □

2. The waiting room/area is breastfeeding friendly (e.g., wide chairs to hold infant, lactation room)

   Not at all □ Okay □ Very Much □

3. Are there ways to keep children busy and engaged in the waiting area?

   Not at all □ Okay □ Very Much □

4. Are the signs, posters, pictures, bulletin boards, etc. Are signage/materials ethnically, culturally and linguistically diverse?

   Not at all □ Okay □ Very Much □

Comments from the group included:

– If we can get this from the software, why are we burdening the clinics with this? Kate - because the information in the system does not tell the whole story, it is just a stamp of when data is entered and does not always reflect how long something takes. This is from what other state's do, it is evidenced-based. You might want a person to travel and get the data. I would like some clinics to pilot this data collection – do you want a state staff or third party to do the work? There are grants available for travel, tools, and software to collect data. Comments: This would give us more accurate data. Nicky – we do this in our clinic already. We have a data collection person. We change work flow all of the time. Once you get it down, it is not difficult.

- Would you consider have an identifier for each category? This was added.

- What about initial certs – Kate said we can break that out. In Missoula, the AIM is to reduce time for the participant – we do our work with the client, then finish up after the client leaves. Chris – even if you do it after the participant leaves, the staff still has to finish before they can see another patient. So, add something about what happens after the participant leaves.

- Do we want to just look as certs or change our AIM? The group said we should study initial and subsequent certs. Chris – definitions for cert and sub cert should be made clear.

- "Western Region Clinic Entrance and Clinic Flow Form" requires a lot more writing, not check boxes. A lot more ranking – 1-5. A lot more observation vs. time stamp. Someone has to be there to watch. Kate said that this one has a different objective then ours. The state's is more about time.

Jeanine said that when she reviewed the forms, there were some good sections which could be used for training. We need more training on goal setting. The cultural list was amazing, she said.
Deb – this looks to me like it should be done by an outside person. The small and medium clinics cannot pull someone in or ask staff to review each other. Kate – maybe a buddy system where you review someone else. Kate summarized the feedback so far – like the state tool, more certification focused, come up with training tools, think about incorporating that into trainings, determine who third party is and think about partnering.

QI Plan for the Year

Kate brought the "QI Team Project Charter" up on the screen again and asked the group to look at the Problem statement/Purpose. Some of the comments from members seemed to reflect concern about the purpose of the project. "The assumption is that bottlenecks interfere with productivity." said Kevin. "Aren't we assuming that if we are more efficient, it will bring more people in? Is that what we want?" Nicky stated that what we want is quality for us and WIC participants. Worker stress and retention is impacted by poor efficiency, another said. Kate said the focus is on staff efficiency, but also the impression of the clinic. More efficiency will give staff more time, another person said. Jeanine thought we were doing this to work more efficiently because we would have less money in the future. Seeing more patients – will that really bring in more money? Kate would like to come up with a good staff ratio. More value was mentioned - look at every step in the appointment to benefit staff process efficiency. Jeanine said, "We all know our funding is decreasing, we need to know how to run our clinics with less funding." Kate - Admin funds are going down, Kate said. EBT costs more. Food money is related to participation. Could we use food funds to pay for EBT? No one wanted to address that on the national level for fear it might have the wrong effect. Stacy wants to do a cost analysis and use that as a template. Are we spending the most of our time on high-risk clients? Maybe we should let lower risk get in and out quicker. Maybe high-risk people you see every month and lower people you see every three months. We want, ultimately, to change clinic process based on data.

Attention was directed to the Problem Statement. After much discussion, it was changed to: "*Within a trend of declining resources, we want to ensure that clinics are operating at high value and maximum efficiency*." The group felt this was more focused on the reality of the situation.

The Project AIM was changed to: *To identify best practices that improve efficiency for statewide implementation.*

The group reached the following consensus on key parts of the project that define what it would look like:

- Address only certs

- 4-month time frame
- Random days
- Different week each month
- Each size clinic: small, medium, large, and tribal will be visited 1-2 days each week (total 4 weeks over 4 months; different week each month)
- Implement use of an 3rd party person (true observer, not staff who is doing cert) must be someone who KNOWS WIC
- Ensure same evaluation model for all
- Mix of appointments vs. walk ins
- Could partner with another agency for data collection
- Focus on main clinics (not satellites)
- Small: Lincoln, Anaconda, Beaverhead
- Medium: Bozeman, Hill, Lewis and Clark
- Large: Flathead, Riverstone, Missoula
- Tribal: Crow, Fort Belknap, Northern Cheyenne

QI Project Action Plan

By January 1, 2018:		By April 1, 2018:
Finalize Tools	Start data collection in January	Enter data
Decide on outsiders		
Design who to visit when		

Kate led the group back to the "Montana WIC QI Observation Tools." With group input, Lacy made these changes to the form:

- add category and parity;
- high risk yes or no;
- size of family will be known with family ID;
- household ID;
- appointment time when started;
- participant time;
- staff end time;
- adjunctive or income demographics;
- SIS done before cert start(?);
- check in means (front desk);
- start cert means when staff comes to get them from the waiting room or front desk staff begins to enter demographics;
- walk-in y/n;
- EBT household demographics and change household guided script (if applicable);
- health information (how many staff enter data);
- height, weight, blood (reference data vs. measured in clinic);
- high risk y/n;
- food prescription (creating, editing/options – not explaining);

- add # months to follow up;
- follow up documentation (non-cert);
- added participant education (purpose of program, other basic WIC information);
- added Nutrition Assessment (non-cert);
- Ed/referral/goal/plan/follow up

Define initial cert (first time on WIC or after a 60-day lapse in service) vs. subsequent cert (re-certifying their original cert).

Outsider (Third Person) – Who? Would you be willing to partner?

Nicky would be able to do it for another clinic. Deb said she could travel to another county. Barb could get a student nurse to do it. Darcy doesn't have anyone long enough in January – she needs a third person. Need training for all 4 months (webinar); could you reach out to other WIC clinics who know what these terms are? Need consistent data. Travel is costly, so needs to be close. 1-2 days/month, maybe Riverstone and N. Cheyenne will partner, Jeanine will do it internally. Maybe when meet in January, could do the training, or on WebEx.

Discuss Conference Planning FY 2018

Kate told the group about the Breastfeeding and Learning Collaborative planning with NAPA – any WIC staff and hospital staff welcome. Looking at possible options – more involvement of dads in the breastfeeding picture – bring in those dads with breastfeeding and support with mom and baby. State is looking at a cultural awareness and increasing Native American women who breastfeed in Montana. Peer counsellors will meet on their own for half day, then evening networking. Tuesday will meet all day at Fairmont. Not a lot of availability of space for potential size. Block of rooms at state rate. National WIC Association has a grant to do training on using social media on WIC. State could ask them to send speaker at the Conference. April 9th and 10th, 2018. Other suggested topics: breastfeeding research, or epi session on WIC data, post-partum depression/assessing someone for suicide risk, important that we learn more about depression that can come up during pregnancy, not just post-partum. Now calling it "Perinatal Mood Disorder." PHQ 9 makes Kate nervous for WIC – need to take a step back and do prevention in WIC. Need to reduce the anxiety of post-partum with education upfront. Need info on what to look for and what to do. Pediatricians need more training on breastfeeding. Not just pediatricians – Family Practice providers, too. When babies don't weigh what they think they should – some docs put them on formula. Woman pediatrician out of CA that talks about high bilirubin and no need to supplement with formula. Academy of Breastfeeding Medicine has come up with protocols for high -risk babies which are short and to the point. Gayle can bring cutouts – photographs of local women.

Annual conference in August with Best Beginnings in Helena – suggestions: VENA and goal setting training – incorporate what state expectations are (our goals are not necessarily about nutrition, could be transportation, etc.) Utah WIC did a customer service presentation. They know the WIC community. Advocacy training with emphasis on stories and story-telling. Maybe get someone from NWA. Kate said state WIC would be willing to pay for travel. Motivational interviewing with actors – how to do it with short time frame. Something for administrative people. Could present data from the QI project and highlight best practices.

Small Project Discussions

Kate said in the next few weeks, hope to wrap up Nutrition Assessment Questions, eWIC, and data tools.

Education Materials - Kate needs to know which nutrition education materials are needed. MAWA volunteered to help develop a list of what people like and don't like so state can use money effectively.

Standardized outreach materials – state staff will work to standardize use of materials in campaigns like public service announcement to be used by all. Some materials are bulky for offices. WIC needs some that are useful for outreach (for example, Lewis and Clark has a small card of material that is WIC related). Tear-off sheets of phone numbers for WIC are helpful. WIC could create a Facebook page, other social media? Kevin said state staff will put together a suite of online, professional looking content which NWA has available. NWA branding could be a discussion, too. Do we want to move to the national logo?

Wrap Up/Evaluation

Mary Beth asked each person to report one thing that they liked about the meeting so far and one thing that could be done to make the meeting better. As to what was liked:

- Liked getting feedback on the form
- We persevered through the AIM Statement
- Made a lot of progress on QI Project
- Conversation led to productive conclusions
- Intensity and thoughtfulness in conversation – group is moving up a notch
- Appreciate discussion and focus of QI project
- Really like the fact that I accomplish something before I leave
- When we come to this group, I know we will accomplish a lot – time well-spent
- A lot of good discussion on the QI project – in good shape
- Clinic efficiency discussion and nailing down the AIM statement
- Appreciate the baseline data presented
- Discussion on QI and focus on AIM – moving in a good direction
- Liked the after-lunch discussion, we closed the loop and got the form done

As to what could be improved, one person said she would have liked a lid that fit the coffee cup. One person said she should have planned lunch a little better.

Day 2 – October 25, 2017

Mary Beth reviewed the agenda.

Review of Edited QI Observation Tool Clinic Flow Form

Lacy added all changes suggested yesterday and handed out the edited form. Questions were asked and answered. Each column is for one person - can still review 4 people per sheet. Suggestions: Add "months" to "Determined Follow-up." Parity can be addressed in training. Yesterday the group changed the AIM statement. The group changed form to get lots of data. Ended up with 11 clinics participating. Alaine to map out how many people to see, family make up per review, and target best days to do the review based on data. Added Staff/Aide initials and number of staff working with the cert.

Nutrition Assessment Questions Discussion

A sample of the Nutrition Assessment Question forms were reviewed and input from the subgroup was offered. There are 21 sets of questions – infants 15, child 3, women 3. Training will be offered on November 2nd at 9 am on combined State and Subgroup changes. Want to roll out November 6th. State took suggestions from the subgroup, combined them, and tried to make it concise. Kate asked the group for suggestions about the forms.

Jeanine: infant 1-3 questionnaire – #9 asked why are we asking the question about access and concern about amount of food to get through the month? Kate said they want to assess 1. food security (parent struggling), 2. mental health, and 3. developmental mile stones. Kate checked with Food Security and others to make sure the language is a validated question. Jeanine: in training, make sure this is for the mother. Kate added the word "family." Does your family have enough access to food, have you felt concerned that you may not have enough to get through the month lately? Deb says this question addresses ¾ of the reservation population. Jeanine: could we reword that question? Kate G added, "If you run out, how do you get to the end of the month?" Kate D. said she really likes these questions. Purpose: to identify needs for referrals to food resources such as SNAP and food banks, also assess food insecurity, appliances that work, ability to store and cook food. Kate – add question to an editable form for available community services. Will we be able to pull data? Kate – we would want people to be able to add as much as possible – one of the pieces of data that we want is how do we do referrals. Kate will see if they can craft questions to be able to collect data and will make that consistent through the questionnaires.

Jeanine: #11 – Immunizations – do you know at three months, that your four-month immunizations are coming up? Are they on track with their schedule? WIC wants to track only the DTaP. For the future, will want to say are you up to date on the DTaP, 2 mo., 4 mo., 6 mo., etc. State will note all of the options in training. Participants might tell you they are doing the DTaPs, but most don't know type of shot or if they had it. Kate said, technically, you should be looking at the record on Immtrax. Asking for them to self-report is what we can do if you don't have the record. Add self-report note – Kate/Lacy will review.

Jeanine 6-8 and 9-11 months are the same questions – why do we break them out? A couple of questions are different – due to food package break out in SPIRIT.

Kate Devino – Breastfeeding Woman #3. looking at post-partum depression – note that not all staff have the capacity to know how to respond or to ask the question. People give you the answer they think you want. That may be the only day they showered. Need training to address staff responses. Kate has struggled with this. The WIC Mission is nutrition. People are pushing her to have staff respond to more complex issues. Then they ask, if you are asking, are you referring? The appointment then takes a different turn. Others wanted WIC to do a complete mental health assessment but Montana does not have the resources to address the problems. Decided to try to find women at risk for post-partum depression and refer – to take a prevention approach. Barb – have only one mental health professional on the reservation. There is a challenge getting all staff trained (turnover). Some staff are not comfortable with that. Or the other way around – you have a staff member who thinks they are a counsellor. Kate: we need to learn to refer for mental health care. Gayle - Also teaching staff what people say that are triggers like, "I am having these thoughts." Kate – more often, women are dealing with other than suicide mental health issues – abuse, shaking. Kate said they also do not know what is happening to them such as "I'm not crying all the time, so I'm not depressed." Gayle – some report they have been on medication during their teen years. #3 – should add a question to address that, #4 to address risk for mental health disorders. Kate and staff will investigate options like: do you have a history of depression/anxiety? Have you been on medication? Training must address: how far do you go? These questions should be further down on list of questions – towards medical questions – to have time to develop rapport. Others want WIC to do "Hard Referrals" to make sure the person went to the appointment. Kate told them that you have to get a Release of Information as per Mental Health HIPAA. WIC does not fall under HIPAA currently. In small communities, WIC becomes the only place to identify problems. WIC should do that, and refer. Barb again noted that they don't have any referral resources.

Pulled up infant 1-3 months, partial/substantial breastfeeding and Lacy walked through each question. Questions/Comments:

- Staff Assessment Plan – where SOAP notes were, now will be drop downs. Kate added "Add option for referral to SNAP, TANF, FDPIR. Jeanine – self-populated? No – you must add them in. The SOAP notes used to prepopulate, not here. Risk Factors – can add during Nutrition Assessment Questions and assign risk factors – don't have to go out of that. Kate – one question for me – we decided to put the purpose, not the questions first. Severa said they like it that way.
- Want to get these all out to everyone and have them saved. Website is moving to be more consumer friendly, not a data repository.
- If on the website, have to be ADA compliant. Suggested we not put them in the State Plan.
- Love to find a website we could use as a resource for our clinic staff – still must be ADA compliant. (must have reading software, blue/green, must caption photos, etc.) IT will run a scan and whatever is not ADA compliant is pulled off. State plan – that is why you couldn't get to the document. Usually you put a draft out, then tweak, but now we have to submit for ADA compliant approval.
- Darcy - Are you going to send them to us on discs? Lacy – maybe on thumb drive. Do need to explore SharePoint. Good idea – can change things, review things. Nicky – what about individual counties not allowing access? That might be a problem. Could we use Noodle? Yes. That might be the best thing. Gayle – we have had trouble getting into it. Still has to be ADA compliant. Don't have software that makes ADA compliance easy to do.
- Next new employee training will be in March and Sept.
- Maybe post the questions for everyone and get on Noodle. (Must be ADA compliant.) And an outline of your training. Lacy – training will be November 2nd for these questions. Can download a copy from Noodle (as a .pdf) but can save as a Word document.
- Who was involved in this - Gayle, Dawn, Deb, Nicky – you did a good job.
- Pulled up 1-year old Question #8 – showed the group a pamphlet about developmental mile stones and "mile stone moment brochure" Will order some for clinics. Gives more examples – developed by CDC for early intervention. For waiting rooms what's he doing at 18 months? Everyone likes the pamphlet and brochure. Some parents are wondering if their child is normal. For question #8 – expanded from just feeding/drinking issues – can use pamphlet. Rural Institute printed them. They sent the template and the state office prints. They can get stuff from CDC noted on the back of the pamphlet.
- Will have selection for SNAP, Medicaid, TANF, FDPIR – have never been able to track that before.

Jeanine – if we have suggestions, do we change these or do we send recommendations to you? Kate said those things can be changed quickly in the system, so suggest bring them back to this group.

Barb – put this (Nutrition Assessment Questions) on the agenda for January meeting. Or survey statewide and decide if changes need to be made.

Participant surveys – hoping to go electronic next year. Appointment reminders add on to get bigger response rate. Not cardboard stock. Use WIC Shopper maybe?

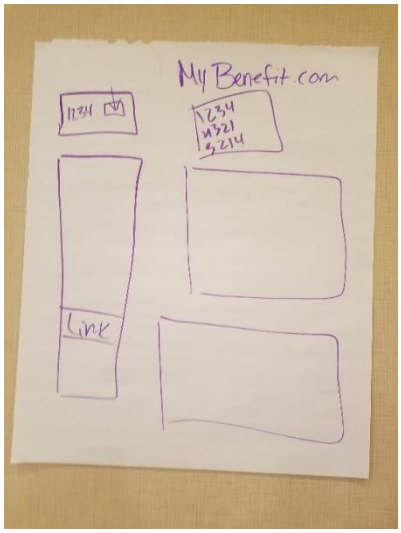
Number of households wanting replacement cards? Do we need to send more/month? Could send out another 6-month supply. Report from clinics - not many people are requesting replacement cards.

Debrief EBT

Kate asked everyone to share how the EBT rollout is going. The following is a list of their responses:

1. Deb: we expected a big bump to go over but has been relatively uneventful. Did have 6 people call us after fourth month – they thought we had cancelled their card. Please remind them that they must come in to get benefits renewed. They don't keep close tabs on what is left – used to SNAP which automatically refills. At 3-month call, remind them they must come in to get benefits. Some called upset they couldn't get money out of it. Not balance checking – don't have that in front of them. Now it's their responsibility. Chronic no-showers - something we didn't think about. WIC Shopper will be capable of sending "Your benefits are about to end." message. When? Can't infiltrate state firewall right now – engineers are working on it. Don't' know exactly when. Once messages go through, it will be live.

Can toggle between WIC and SNAP to see benefits on Mybenefits.com. (See photo.) Click on account number in upper left, this will lead you to other numbers, attached, or you can attach other accounts.



Also, can use multiple email addresses. Can you link three foster mom/kid accounts? Yes. Suggest you put instructions out in the newsletter if can do that. Can link SNAP and WIC going forward into one account. Foster mom is the primary. Click card looking thing in upper left – will pop up another window that will show you the accounts you have. If you have to deactivate that card, Solutran should deactivate on the Mybenefits.com. but will check.
2. Some reported that people assume everything on the card is money.
3. Our report does not say unit of issue (cans), SPIRIT group – not on EBT – they say, just tell them. Finally convinced them to do an edited report, but it will take a while. Group members said that would help. Can't assume that participants understand ounces, not boxes of cereal. Mybenefit.com tells the units. They don't leave clinic office until they have access to mybenefit.com. They depend upon the receipts, not the internet site. A lot of people on SNAP know how to access it – it shows both.

4. Have quite a few Hutterites – don't have phones. Need help saving their receipts – have receipt printed at store before shopping. They have to set a PIN for the account – this takes more time.

5. Transition has gone well. Walk-in clinics are scary – one woman had purchased cantaloupe and tomatoes on the vine – did not work, Kevin is investigating – frustrating for us because we can't do any more. WIC Shopper was displaying an old APL. Store should be pulling new APLs every day. It was set up wrong. Keeps defaulting back. Solutran won't delete all of the old APLs and just pulls the current one. We are aware of it – some stores are not working. Our fear is the store not pulling the right APL – need to prove that it is not the software.

6. Some clients are canning the shelf barcode, not the item barcode. Please tell them to scan the food item for it to show that it is a WIC item.

7. Produce items – don't know if the store is using the barcode or PLU. Hard to know when they use the PLU or the barcode. They have to map the PLUs to the national set – if they have a local producer of cherries – if they make up their own PLU, won't go through. One store in the state would not do it, so use a generic PLU.

8. Tomato purees ok, not tomato sauce (because of the sugar). Canned tomatoes ok.

9. Applesauce - not going through because most has sugar added to it. Can't have added sugar.

10. Some items can be found online but some pictures cannot be found. Only national brands or those at Walmart have photos/ingredient lists.

11. Clinics are really busy. But some say they are back to usual.

12. Do you want printers back? – no. If you use them to print documents, keep them.

Homework

Recapping homework – fine tune forms, training, plan on clinic plan, entrance handout, pull data for presentations.

Comment: August not a good time for a conference. May fall apart if it is not combined. September is the end of the fiscal year. MPHA is in September. Looking a June/July/November – not a good time. Do we know what weekend? No.

Next Meeting Agenda

The group offered the following agenda ideas:

- Need January meeting date
- Assessment Questions
- Participant Survey data review
- EBT Survey data
- Breastfeeding/Peer Counselling conference finalized (April) report
- Great Families/Great Beginnings plan (August)
- Local Agency Plan (review/revise)
- Outreach Update – what has been effective – data post campaign
- Look at EBT redemption data
- Recruit team of SPIRT testers (example: immunization tabs)
- 1 ½ days – start at 9:30 am first day and end at 2 pm day 2

Wrap Up/Evaluation

Mary Beth, again, asked each person to report one thing that they liked about the meeting so far and one thing that could be done to make the meeting better. As to what was liked:

- Liked defining the homework – what yet needs to be done
- Liked reviewing time-study clinic form
- Liked the feeling that we wrapped up yesterday
- Liked the info to take back to clinics
- Liked the EBT transitioning and we didn't get homework
- Liked the conversations yesterday and got it done
- Lied the food
- We are a powerful set of minds and get work done
- Liked the EBT debrief – things I had not heard before
- Appreciated the opportunity yesterday to revisit today after processing Liked the EBT – these meeting hep to keep me focused on WIC
- Liked the Nutrition Assessment questions – glad we tweaked them but not back to the drawing board.

As to what could be improved, nothing was offered.